

*Library*

HEALTH  
A-3 SEP. 58  
G.R. 23



BARTON-UPON-HUMBER URBAN DISTRICT COUNCIL.

ANNUAL      REPORT

of   the

MEDICAL      OFFICER      OF      HEALTH

1957.







MEMBERS OF THE HEALTH COMMITTEE

Chairman - Councillor J. E. Brooks.

Vice-Chairman - Councillor E. Goodhand.

Councillors J. E. Brooks.  
R.H.R.E. Clapson.  
W. S. Cox.  
W. Douglas.  
Mrs. R. Goddard.

Councillors E. Goodhand.  
E. Hastings.  
F. Lee.  
J. F. Sutcliffe.  
J. J. Wood.

Medical Officer of Health

F.P.H. Birtwhistle, M.D.  
(retired 31st March, 1957)

J. S. Robertson M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.  
(commenced 1st April, 1957)

Public Health Inspector

J. H. Rhodes, A.M.I.P.H.E., M.A.P.H.I., M.R.S.H.

Digitized by the Internet Archive  
in 2016 with funding from  
Wellcome Library

<https://archive.org/details/b28906287>



Public Health Department,

50, Holydyke,

Barton-on-Humber.

July, 1958.

Mr. Chairman, Mrs. Goddard, Gentlemen,

In submitting this report, the first one relating to the period since I became your Medical Officer, I take the opportunity of thanking you for appointing me, and for the consideration you have shown throughout the year.

You may remember that last year in the report which I wrote on behalf of Dr. Birtwhistle, I commented upon the unfavourable experience of the district with respect to stillbirths and infant mortality. I regret to have to inform you that in 1957 the figures remained unsatisfactory. The perinatal mortality rate for Barton is unfavourable compared with England and Wales, compared with Brigg, and even compared with the surrounding Rural District.

Application of tests of statistical significance indicates that the probability of a difference in perinatal mortality as great as that observed between Barton-on-Humber and the Glanford Brigg Rural District, occurring by chance is only one in fifty. We must regretfully conclude therefore that these unsatisfactory figures are unlikely to be due to chance and endeavour to discover, and, if possible, correct the cause.

Until sufficient evidence is available it would be unwise to comment in too much detail about the probable causes, but I have compared the Barton U.D. with the Brigg R.D. rather than with England and Wales in order to reduce the number of factors which must be considered. For instance, the same hospitals, mid-wives, nurses and doctors serve both the Urban and Rural districts to a considerable extent, and since the Rural district surrounds Barton on three sides and water bounds the fourth, there are similarities in the geographic position and social structure. There is one way, however, in which Barton differs from the Rural District and Brigg U.D. which has even more favourable statistics. This is in the remoteness from a Maternity Hospital. Maternity beds are available at Scunthorpe, Brigg and Grimsby, those at Scunthorpe being the most readily available. The Scunthorpe Maternity Home, however, is of the "Cottage Hospital" type with no resident medical staff. Owing to their remoteness the General Practitioners of Barton are not able to take care of their own cases in this hospital, as a rule. It may therefore be that the less satisfactory provision of obstetric beds for Barton may be a factor in causing these deaths and stillbirths. I propose, during the coming year to collect information regarding stillbirths and neonatal deaths, with a view to determining the cause, and hope to be in a position to report on this by 1960.







With regard to the rest of the vital statistics I have little comment to make. The birth rate is high, and the death rate, even after correction for the age and sex structure of the population, is high. With the exception of this latter figure all the rates show an improvement upon the previous year.

A study of the table of notifications will show that the biennial outbreak of measles occurred during 1957. The large number of notifications of pneumonia reflected the epidemic of asian influenza which occurred in the autumn.

The epidemic of influenza, which was proven by laboratory tests to be due to the strain A Singapore 1/57, started within a few days of the schools re-opening in September. The disease spread with extreme rapidity and affected a large proportion of children. The proportion of adults affected was considerably lower, and there is no doubt that the spread of the epidemic was principally through the schools. The disease was mild and the incidence of complications low.

Although it would have been possible to slow down the epidemic appreciably by stopping school assemblies or closing schools, such action was not taken. It was felt that the risks of serious complications occurring would be very much greater during the colder weather when people started crowding round fires and closing windows. Since the epidemic started in the autumn there appeared to be an advantage to be gained from permitting it to burn itself out quickly before the onset of winter. Deaths from influenza are not usually due to the disease itself, but to infection of the air passages and lungs by germs which are breathed in and which find the lining of these passages, damaged by influenza virus, an easy place to grow in. Reports from all over the country indicate that most of the influenza deaths during the "Asian Flu" out-break were due to a germ commonly found on our skins, and which causes boils and pimples. In influenza, it would seem that isolation of the patient is desirable for his own protection against other peoples germs rather than the protection of others from his virus!

Vaccine which was made against Influenza A (Singapore 1/57) did not reach this district until the epidemic was nearly over. Since it would take a month for the vaccine to produce any effect it would seem that the use of vaccines to control epidemic influenza is unlikely ever to be of great value unless it can be made very rapidly, and passive immunisation with gamma globulin can be given with the first dose.

The most striking feature about the mortality statistics is the doubling of deaths due to cancer of the lung which has occurred. There is now a great deal of evidence that carcinoma of bronchus is very much commoner among heavy cigarette smokers than among non-smokers, and it is reasonable to deduce from this that cigarette smoking is one of the probable causes of cancer of the lung.

It is perfectly true that cancer of the lung is caused by other noxious substances. Persons whose work involves handling "white arsenic" develop cancer of the lung more frequently than other people. It is probable that atmospheric pollution from combustion of coal, coke and oil may also be a cause of lung cancer, as is the inhalation of radio-active dusts.







Various attempts have been made to discredit the arguments suggesting that smoking causes cancer of the lung. Since many of us find it very difficult to refrain from smoking we must not let ourselves be persuaded that smoking is harmless. Unfortunately some of the arguments which are put forward to suggest that smoking is not the cause of cancer of the lung are most persuasive. We must agree that smoking is not THE cause but then say that it almost certainly is A cause. To prove that some cuts are not due to razor blades does not prove that razor blades do not cut!

In order to warn people of the dangers of smoking, cards were purchased for circulation along with rate demand notices, to indicate that smoking cigarettes is a cause of cancer. Posters were exhibited in a number of places also.

Other health educational activities included a lecture and film show on food hygiene for food-handlers, a leaflet which was delivered to every house about food hygiene, and the issue of notices requesting that dogs be kept out of all food shops. The latter notice was obtained when the Public Health Inspector informed me that he had seen a number of Hydatid cysts in livers of animals slaughtered locally. These cysts contain thousands of "scolices", and if eaten by a dog each of these may develop into a minute tape worm. The excrement of a dog which harbours one of these worms will contain vast numbers of "ova" and a human being or a beast who eats food contaminated by one of these microscopic eggs will in turn develop a hydatid cyst, usually in the liver. In man this can result in a serious, and occasionally fatal, disease. The fact that local animals were infected showed that some dogs in the locality have been spreading the ova about. It was thus apparent that some risk to humans existed from dogs. Owing to the habits of dogs sniffing each other's hind-quarters the nose of every dog may well carry the eggs of a tapeworm. It is, of course, of vital importance to see that no condemned meat is given to dogs to eat, unless very thoroughly cooked. Strict precautions should be taken to see that dogs do not get into slaughterhouses.

During the year good progress was made with the slum clearance programme. Three clearance orders were confirmed during the year. This sort of action, which gets rid of the worst slums, however, only scratches the surface of the housing problem of this town. There are many hundreds of houses in the district which are without hot water systems, bathrooms and similar modern amenities, and there is a considerable number which still have pail closets. How can we expect people to exhibit 20th century standards of hygiene with 19th century equipment? A number of diseases are known or believed to be spread predominantly by finger contamination. Sonne Dysentery is certainly spread in this way, and it is very probable that Poliomyelitis is also. The fingers of an infected person get contaminated because germs can pass through toilet paper. When that person pulls the chain or turns the doorknob these fittings become infected. The next person to touch them picks the germs up on his or her fingers and may convey them to their mouth.







We can break the chain of contact and prevent this kind of spread by washing our hands prior to touching the doorknob, and fit pedal operated flushing mechanisms. It is only possible to wash the hands before touching the doorknob if a wash hand basin is fitted in the closet, as indeed it should be, but seldom is.

This sort of thing is quite obvious, since during the last half century the idea of bacterial infection as a cause of physical disease has become accepted by everybody. What is less obvious, but to-day of greater importance, is the relationship of housing and living conditions to mental health. Mental health is in some ways even more important than physical health, for we have all met people who although crippled by some physical infirmity lead a useful and happy life. A healthy body, however, is of little value if the mind is in a deep depression. The effects of housing upon mental health are numerous, and I shall only mention a few of them. Where a house is small or overcrowded, members of the household tend to get in each other's way and discord is more likely than under better conditions. Where the house is a depressing place of which they are ashamed, members of the family may tend to spend their time in pleasanter surroundings at the local pub. A house without modern amenities is harder for the housewife to run properly. The exercise of 20th century standards with 19th century equipment can be very hard work, and as a result the housewife will either lower her standards or become tired and dispirited. This will affect the way she treats her children whose mental development will be influenced. A mother who lacks patience may seriously distort the developing personalities of her children, who when they grow up may mis-manage their families in consequence.

In our present culture the family is still the basic unit of society. Upon the strength of family ties depends the stability of our society, and the patterns of our individual lives. Family ties are weakening as a result of environmental and social changes. The "welfare state" legislation overcomes some of the problems which result from the changing structure of our population, but may also contribute to the weakening of family ties and sense of responsibility. A comfortable home of which they are proud, can do a lot towards strengthening a family's senses of unity. A home to which the children like to invite their friends may prove an effective counter attraction and keep "teenage" children from bad company in street and bar.

In order to assist people who wish to improve and modernise older houses the Barton Urban District Council offers improvement grants. These are, however, limited to half the cost of work of improvement and so only assist those who have already the means to do part of the necessary work. Some members of the Council, becoming alarmed about the unsightly scars which deface the town as a result of slum clearance activities have started to consider seriously the possibility of extending the scope of improvement grants. This may be done either by the Council lending the owners share of the cost at current rates of interest, or by the Council purchasing the property and themselves undertaking the works of improvement. A complete survey of the remaining unfit houses with this in view has been ordered.







While it must be borne in mind that houses which are suitable for demolition are not likely to lend themselves to improvement there may be a number of houses in the original programme which can be treated in this way. Schemes of improvement can, however, make a bigger impact upon slum clearance programmes in the future, by rescuing houses now which would otherwise deteriorate in a few years to become subject to clearance procedure. Such a scheme, to be effective, must be planned and not merely carried out piecemeal by a few owners, since, if other houses in a terrace fall into decay, the odd one which has been improved might have to be included in the clearance area; for demolition of the unfit would impair the stability of the fit house.

In order to avoid this, and also to avoid the situation where occasional properties become subject to closing orders and become derelict, to the detriment of the district, the Council may, in such a scheme of improvement, be well advised to purchase a number of such old properties.

The town has for many years discharged its sewage into the south end of a tidal creek known as "The Haven". With the increasing use of the water carriage system of removal of excrement, combined with the diminution of flow of fresh water into the Haven this waterway has become extremely offensive. Since it extends well into the town, indeed almost to the railway station, and excrement is deposited on the Haven banks by the receding tide, this situation is most undesirable. The tides are sufficiently frequent to discourage the breeding of flies on this filth, but children play on the Haven bank, and deposits of human excrement there provide an opportunity for the transmission of diseases such as dysentery and enteric fever. A scheme for pumping the town's sewage out into the Humber below the low water mark has been prepared, and during the year the Health Committee considered various modifications to this scheme, with a view to removing all sources of pollution from the Haven. It is hoped that the final details will be worked out and the consent of the Ministry obtained so that this important work may be carried out in the very near future.

During 1957 progress was made in many directions. For instance the Council agreed to improve and repair their mortuary to bring it up to a good modern standard, and after unsuccessful attempts to overcome pollution of private water supplies to a dozen properties along Far Ings Road they decided to install a new water main. Altogether, it was a year of steady progress, without spectacular achievement, but during which useful planning was undertaken.

Let us hope to do even better in the future.

I wish to thank Mr. Rhodes, the Public Health Inspector, for the help he has given during the year. In losing him, (since the end of 1957) the Barton Urban District Council have lost an able and conscientious officer.

I have the honour to be,

Your obedient Servant,

*J. S. Robertson.*

Medical Officer of Health.







VITAL STATISTICS

	Legitimate.			Illegitimate.			Total.
	Male.	Female.	Total.	Male.	Female.	Total.	
Live Births	50	50	100	2	2	4	104
Stillbirths	1	4	5	-	-	-	5
Infant Deaths under 1 year of age.	2	-	2	1	-	1	3
Infant Deaths under 4 weeks of age.	2	-	2	1	-	1	3

	Male.	Female.	Total.
Deaths	53	36	89

Mid-year Population 6,420

	Barton-upon-Humber.	England and Wales.
	1956	1957
Crude Birth rate (per 1,000 pop.)	15.73	16.25
*Corrected Birth rate (per 1,000 pop.)	16.2	16.6
Stillbirth rate (per 1,000 total births)	73.3	45.9
Infant Mortality rate (per 1,000 live births)	39.7	28.9
Neonatal Mortality rate (per 1,000 live births)	29.7	28.9
*Perinatal Mortality rate (per 1,000 total births)	101.0	73.4
Crude Death rate	13.39	13.9
*Corrected Death rate	12.43	12.93

≡ The corrections are to take account of the differing age and sex structures of the populations in different districts to make the rates of all districts comparable, and are made by applying correcting factors to the crude rates. These factors, which are supplied by the Registrar General are, for Barton-on-Humber, 1.02 for births and .93 for deaths.

\* This rate is based upon stillbirths and deaths in the first four weeks of life related to total births (live and still). It differs slightly from the Registrar General's Perinatal mortality rate which takes account only of stillbirths and deaths in the first week of life.







CAUSES OF DEATH IN THE DISTRICT IN 1957

This table gives the causes of death in accordance with the abbreviated list of 36 groups of the World Health Organisation Nomenclature Regulations, 1948.

Causes of Death							Male.	Female.
1.	Tuberculosis, respiratory	..	..	..	..	..	-	-
2.	Tuberculosis, other	..	..	..	..	..	-	-
3.	Syphilitic disease	..	..	..	..	..	-	-
4.	Diphtheria	..	..	..	..	..	-	-
5.	Whooping Cough	..	..	..	..	..	-	-
6.	Meningococcal infections	..	..	..	..	..	-	-
7.	Acute Poliomyelitis	..	..	..	..	..	-	-
8.	Measles	..	..	..	..	..	-	-
9.	Other infective and parasitic diseases	..	..	..	..	..	-	-
10.	(Malignant neoplasm, stomach	..	..	..	..	..	1	1
11.	(Malignant neoplasm, lung, bronchus	..	..	..	..	..	6	-
12.	≠(Malignant neoplasm, breast	..	..	..	..	..	-	-
13.	(Malignant neoplasm, uterus	..	..	..	..	..	-	1
14.	(Other Malignant and Lymphatic neoplasms	..	..	..	..	..	6	4
15.	Leukaemia, aleukaemia	..	..	..	..	..	-	-
16.	Diabetes	..	..	..	..	..	-	-
17.	Vascular lesions of nervous system	..	..	..	..	..	6	6
18.	Coronary disease, angina	..	..	..	..	..	9	1
19.	Hypertension with heart disease	..	..	..	..	..	2	1
20.	Other heart disease	..	..	..	..	..	6	7
21.	Other circulatory disease	..	..	..	..	..	3	5
22.	Influenza	..	..	..	..	..	-	1
23.	Pneumonia	..	..	..	..	..	-	-
24.	Bronchitis	..	..	..	..	..	2	1
25.	Other diseases of the respiratory system	..	..	..	..	..	1	2
26.	Ulcer of stomach and duodenum	..	..	..	..	..	-	-
27.	Gastritis, enteritis and diarrhoea	..	..	..	..	..	-	1
28.	Nephritis and nephrosis	..	..	..	..	..	1	-
29.	Hyperplasia of prostate	..	..	..	..	..	-	-
30.	Pregnancy, childbirth and abortion	..	..	..	..	..	-	-
31.	Congenital malformations	..	..	..	..	..	1	-
32.	Other defined and ill-defined diseases	..	..	..	..	..	8	3
33.	Motor vehicle accidents	..	..	..	..	..	1	-
34.	All other accidents	..	..	..	..	..	-	2
35.	Suicide	..	..	..	..	..	-	-
36.	Homicide and operations of war	..	..	..	..	..	-	-
Total:							53	36

≠ Malignant neoplasm means cancer.







## TABLE OF NOTIFICATIONS OF INFECTIOUS AND OTHER DISEASES

## BY AGE GROUPS.

DISEASE	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	65+	Total
Measles (exc. rubella)	3	14	7	26	16	91	-	-	1	-	-	158
Whooping Cough	1	1	4	1	1	13	-	-	-	-	-	21
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Poliomyelitis (P)	-	-	-	-	-	-	-	-	2	-	-	2
Ac. Poliomyelitis (N.P.)	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Pneumonia	-	1	1	-	-	2	1	-	-	3	6	14
Ac. Encephalitis (Inf.)	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Encephalitis (Post-inf)	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	1	-	1
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Respiratory	-	-	-	-	-	-	-	1	2	-	-	3
Tuberculosis Meninges & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Other	-	-	-	-	-	-	-	-	-	-	-	-
Total:	4	16	12	27	17	106	1	1	5	4	6	199

Notified outbreaks of food poisoning - None.







Particulars of diphtheria immunisations, whooping cough immunisations, combined diphtheria and whooping cough immunisations, vaccinations and re-vaccinations carried out in Barton-on-Humber Urban District during 1957.

Diphtheria Immunisations

Under five years of age at date of Immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
2	5	70

Whooping Cough Immunisations (under five years)

Under One	One	Two	Three	Four	Total
-	-	-	-	-	-

Combined Diphtheria and Whooping Cough Immunisations (under five years)

Under One	One	Two	Three	Four	Total
64	12	-	-	-	76

Vaccinations

Under One	1-4	5-14	15 or over	Total
44	6	2	1	53
-	1	2	4	7

Re-vaccinations







Statistics and General Information

Mid-year population	6,400		
Area of town	6,343 acres of land and inland waters. 838 acres (tidal waters)		
	<u>1956-57</u>	<u>1957-58</u>	
	£. s. d.	£. s. d.	
Rateable Value	51,951. 0. 0.	54,775. 0. 0.	
Product of a penny rate	216. 4. 10.	215. 10. 0.	
Number of inhabited houses	2,288		

The principle industries are the manufacture of Bicycles, Ropes, Chemicals, Bricks, Tiles and Malt. There are also a shipyard and an instrument making firm, and a number of smaller undertakings.

A number of residents in the town work at a cement works just outside the district, and some travel to Scunthorpe to work in the steel industry.

Water Supplies.

Water is supplied to Barton from deep wells by the North Lindsey Water Board. Coming from a chalk stratum, the water is hard. It is chlorinated before distribution, and all samples taken for bacteriological examination during the year proved satisfactory. During 1957 work was started on the installation of a base exchange water softening plant at the Barton pumping station. For most of the year one of the two bores at Barton was out of use. To make up for this a small amount of water was supplied from Barrow.

Health Services.

General Practitioner Service.

The town and much of the surrounding countryside is served by a group practice. Six doctors in partnership have built a fine modern central surgery with four consulting rooms, examination cubicles, waiting room, office and a small casualty room. The facilities provided here must be among the best in the country.







## General Practitioner Service - continued.

One of the aims of the National Health Service Act when it was first introduced (but long since ignored and forgotten) was the provision of just such facilities by the Local Authorities. It was hoped that General Practitioners, consultants employed by the Hospital Board and doctors in the Public Health Service would all work in the same building. This, it was hoped, would enable them to meet frequently and discuss problems together, and enable the three branches of the service to become better integrated.

In Barton, the local doctors have built the premises. If now, the Regional Hospital Board were to provide one out-patient session per week of the specialities in most demand, and perhaps one per month of the others, these could be held at the central surgery. This would comply with the spirit of the National Health Service Act, and provide for the district a greatly improved service. This could be further improved if such facilities as a small X-ray machine could be provided, and a physiotherapist attend for two afternoons per week.

## Hospital Services.

The nearest General hospital is at Scunthorpe, fifteen miles away. Isolation hospital, sanatorium and maternity hospital facilities are also provided there, and the consultants are based there. Similar facilities are available also at Grimsby, which is slightly further away. At Brigg there are 9 maternity beds. Owing to the unsatisfactory public transport facilities in the district it is difficult for patients to attend out-patient clinics in Scunthorpe, and there is a need for further provision of out-patient clinics locally. At present such clinics are held at the County Council clinic at 50, Holydyke in two specialities - obstetrics and chest diseases, and an ophthalmic clinic is held for school children. The provision of a medical, a surgical and an orthopaedic session, with perhaps an E.N.T. session occasionally, would be of great convenience.

## Local Authority Health Services.

The personal health services administered by the County Council are based on the clinic in Holydyke, where Infant Welfare and School clinics are held. An ambulance station is maintained in the town. Owing to the retirement of the speech therapist speech clinics have been discontinued. The Welfare Officer and Duly Authorised Officer at Scunthorpe covers this district.





ANNUAL REPORT OF PUBLIC HEALTH INSPECTOR, 1957

I submit for your consideration my Annual Report for 1957.

1. Housing.

The statistical details relating to dwellinghouses are as follows:-

Total number of new houses erected during the year	..	..	..	..	34
(a) By the Local Authority	..	..	..	..	26
(b) By other Local Authorities	..	..	..	..	-
(c) By other bodies or persons	..	..	..	..	8

Inspection of dwellinghouses during the year.

(i)	(a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	..	..	..	..	143
	(b)	Number of inspections made for the purpose	..	..	..	..	303
(ii)	(a)	Number of dwellinghouses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations 1925	..	..	..	..	20
	(b)	Number of inspections made for the purpose	..	..	..	..	63
(iii)		Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	20
(iv)		Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	..	..	..	..	142

Remedy of defects during the year without the service of  
Formal Notice.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority	..	..	..	..	..	103
---	----	----	----	----	----	-----

Action under Statutory Powers during the year.

(i) Proceedings under the Public Health Acts:-

(a)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	..	..	..	..	11
(b)	Number of dwellinghouses in which defects were remedied after service of Formal Notices - By owners	..	..	..	..	7
	By Local Authority in default of owners	..	..	..	..	3





Housing - continued.

(ii) Proceedings under Sections 9 and 10 of the Housing Act, 1957.

(a)	Number of dwellinghouses in respect of which notices were served requiring repairs .. .. .	7
(b)	Number of dwellinghouses which were rendered fit after service of formal notices - By owners .. .. .	5
	By Local Authority in default of owners .. .. .	-

(iii) Proceedings under Sections 16, 17 & 18 of the Housing Act, 1957.

(a)	Number of dwellinghouses in respect of which Demolition Orders were made .. .. .	1
(b)	Number of dwellinghouses demolished in pursuance of Demolition Orders .. .. .	-
(c)	Number of dwellinghouses subject to undertaking or Closing Orders .. .. .	8

(iv) Proceedings under Sections 42, 43 & 44 of the Housing Act, 1957.

(a)	Number of Clearance Orders Confirmed .. .. .	3
	Number of families displaced .. .. .	16
	Number of persons displaced .. .. .	45
(b)	Number of dwellinghouses demolished in pursuance thereof ..	17

Slum Clearance programme.

Of the 125 houses included in the five year scheme, 38 were included in confirmed Clearance Orders, 16 were subject to Closing/Demolition Orders or Undertaking.

During the year a further list of 24 houses were selected for the third phase of the programme.

Contracts for 22 houses and 12 bungalows were entered into to complete the second and third phases.

Housing Act, 1949. Improvement Grants.

22 applications for Improvement Grants were approved during the year.





2. Food Inspection and Food Premises.

Food Premises.

List of Food Premises in the district:-

<u>Type of Business.</u>	<u>Number.</u>
Grocery and Provision Shops.	33
Butchers Shops.	8 Registered under Sect. 16 of the F. & D. A. 1955.
Fish Shops.	7
Bakehouses.	3
Greengrocers Shops.	5
Cafes.	3
Sweet Shops, Chemists, etc.	17
Licensed Premises.	15
Ice Cream Vendors.	20 Registered under Sect. 16 of the F. & D. A. 1955.

33 inspections were made of registered premises.

Following visits made during the year two premises that did not comply with the Food Hygiene regulations closed down rather than effect the necessary improvements.

Food Hygiene Meeting.

A lecture and film show on the subject of Food Hygiene was held at the Council Offices during the summer, and all people working in food premises in the town were invited to attend. Mr. Avison the Chief Public Health Inspector of Bedford delivered the lecture, which was well attended and followed by the film "Food without Fear", which was shown by permission of Deosan Ltd.

Ice Cream.

There is one manufacturer/retailer who sells ice cream from a vehicle. The vehicle is equipped with washing facilities. Nineteen other retailers of ice cream all sell wrapped nationally known brands and are equipped with refrigerators. Three samples were taken during the year and all were placed in Grade 1.





### Milk Supplies.

Number of Dealers licences issued authorising the use of the special designation "Sterilised" .. .. .	21
Number of Dealers licences issued authorising the use of the special designation "Pasteurised" .. .. .	1
Number of Supplementary licences issued authorising the use of the special designation "Pasteurised" .. .. .	3
Number of Supplementary licences issued authorising the use of the special designation "Tuberculin Tested" (Pasteurised) .. .. .	3

Five samples of designated milks were taken during the year and all complied with the requirements of the Regulations.

### Meat Inspection.

Four private slaughterhouses are in operation.

The following table gives details of meat inspection work carried out during 1957.

#### Carcases Inspected and Condemned in Whole or in Part.

	<u>Cattle excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
Number Killed .. .. .	507	1	2	801	1,098
Number Inspected .. .. .	507	1	2	801	1,098
All diseases except Tuberculosis:-					
Whole carcasses condemned .. .. .	-	-	-	6	1
Carcases of which some part or organ was condemned .. .. .					
	171	-	1	34	41
Percentage of number inspected affected with disease other than Tuberculosis .. .. .					
	33.7%	-	50%	5%	3.8%
Tuberculosis only:-					
Whole carcasses condemned .. .. .	1	-	-	-	3
Carcases of which some part or organ was condemned .. .. .					
	49	-	-	-	93
Percentage of number inspected affected with Tuberculosis .. .. .					
	9.8%	-	-	-	8.7%





Disposal of Condemned Foods.

Condemned meat is recovered from the slaughterhouse by the Council, stained green and sold to a processor.

Small quantities of other foods which are condemned are buried in the Council's controlled tip.

3. Administration of the Factories Acts 1937 and 1948.

(a) Inspection for the purposes of provisions as to health.

Premises.	No. of Premises in Register.	No. of Inspections.	No. of Written Notices.	No. of Occupiers Prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	5	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	33	11	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	3	3	-	-
Total:	41	16	2	-





3. Administration of the Factories Acts, 1937 and 1948 - continued.

(b) Cases in which defects were found.

Particulars	No. of Defects Found.	No. of Defects Remedied.	No. of Defects Referred		No. of Defects in respect of which prosecutions were instituted.
			to H.M.I.	by H.M.I.	
Want of cleanliness (Section 1) .. .. .	-	-	-	-	-
Overcrowding (Section 2) .. .. .	-	-	-	-	-
Unreasonable temperature (Section 3) .. .. .	-	-	-	-	-
Inadequate ventilation (Section 4) .. .. .	-	-	-	-	-
Ineffective drainage of floors (Section 6) ..	-	-	-	-	-
Sanitary Conveniences (Section 7) -					
(i) Insufficient ..	1	1	-	-	-
(ii) Unsuitable or defective .. ..	3	3	-	2	-
(iii) Not separate for sexes .. .. .	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork) .. .. .	-	-	-	-	-
Total:	4	4	-	2	-

(c) Outwork - Sections 110 and 111.

No outworkers were reported in the Urban District during the year.





4. Water Supplies.

No. of houses with main supply in house (estimated)	Population (estimated)	No. of houses served by stand pipes (estimated)	Population (estimated)
1,749	4,910	502	1,420

Number of houses supplied from private sources -

in house .. .. 7  
not in house .. .. 37

Number of samples taken for bacteriological examination -

From public supplies .. .. Cl. I 8  
Cl. II -  
Cl. III -  
Cl. IV -  
  
From private supplies .. .. Cl. I 3  
Cl. II 5  
Cl. III 3  
Cl. IV 28

5. General Sanitation.

Total number of nuisances during the year.

(a) Abated as result of informal action by the Public Health Inspector - 38  
(b) Reported to Council - Statutory Notice issued - 5

Details of Nuisances abated -

Refuse .. .. 1  
Foul ditches, ponds and stagnant water .. .. -  
Drainage .. .. 30  
Dangerous Premises .. .. 2  
Miscellaneous Nuisances .. .. 5

Disinfection and Disinfestations.

Rooms or premises disinfected - Tuberculosis .. .. -  
Number of premises subject to disinfestation .. .. 2

Sewerage and Sewage Disposal.

The Council have approved in principle sewerage works which include





the provision of a Sewage Pumping Station with a rising main to low water mark in the River Humber, a Stormwater Pumping Station, and certain new sewers. Stage I of the Scheme has been completed, and the Public Health Committee gave consideration during the year to the question of proceeding with further stages.

Most of the town's sewage now discharges into the Haven, and at times of high tide pollution of the Far Ings Road open land drain takes place. When a heavy rainstorm coincides with high tide, pollution of the open land drain in Dam Road also occurs.

Discussions have been held with the Council's consulting engineers who estimate that the cost of the necessary works required to pump up to 10 times the dry weather flow to low water mark in the River Humber and other works to pump the sewage from 140 properties in the Waterside Road Area would be in the region of £25,500. These works would reduce the risk of polluting the Dam Road land drain.

This matter was still under consideration at the end of the year.

#### Sanitary Accommodation.

Number of houses with pail closets in the district .. .. .	196
Number of pail closets repaired .. .. .	5
Number of houses with water closets in the district .. .. .	2,099
Number of water closets substituted for pail closets .. .. .	21

The Council paid one half of the total cost involved in five conversions carried out during the year. Four grants of £7. 10. 0d each were made in respect of voluntary conversions. The remaining conversions were carried out as part of improvement grants.

#### Rodent Control.

Details of the number of premises treated for rats and mice are shown below:-

Dwellinghouses .. .. .	51
Other Premises .. .. .	14

J. H. RHODES.

Public Health Inspector.











